

Account Number    -



# Mutual Fund Systematic Withdrawal Plan Request Form

- Check this box to establish a new Mutual Fund Systematic Withdrawal Plan.
- Check this box to change an existing Mutual Fund Systematic Withdrawal Plan.

If changing/establishing a systematic withdrawal plan, please check the appropriate box. If you are changing an existing systematic withdrawal plan that is one of multiple systematic withdrawal plans for the account indicated on the form, please attach a letter of instruction identifying the specific plan you wish to change.

## 1 Customer Information

Primary Account Holder Name

Entity/Business/Trust Name

Social Security Number or Taxpayer ID Number  Date of Birth --

Joint Account Holder/Trustee Name (If Any)

Social Security Number or Taxpayer ID Number  Date of Birth --

## 2 Withdrawal Instructions

Your Broker/Dealer will establish a Systematic Withdrawal Plan based on the instructions you complete below. Please use separate applications for withdrawals to be made on different days/months or accounts and read the current Prospectus for each fund in which you intend to redeem. If the date you select falls on a weekend or holiday, the withdrawal will be made on the prior business day. If the date you select does not occur each month (i.e., 29, 30, or 31), the withdrawal will be made on the first business day prior to the next month. You must have at least 2 withdrawals per 12-month period to use this service.

**Withdrawal Choice** (Please indicate dollar amount to be redeemed from each fund.)

\$ Amount	Mutual Fund (Describe in full, indicate symbol if known)	\$ Amount	Mutual Fund (Describe in full, indicate symbol if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check month(s) in which to withdraw:

January  February  March  April  May  June  
 July  August  September  October  November  December

These withdrawals should take place on the following date of the month selected  beginning in ----- beginning in  (specify 01 to 31)

or indicate cycle  Monthly  Quarterly  Semi-Annual

If applicable, these withdrawals should **stop** on the following expiration date of the month selected:  
 (specify 01 to 31) beginning in -----

**Your withdrawal amount may be less, based on transaction fees associated with the fund.**

### Contingent Funding Options

In the event there is not enough money in the mutual fund(s) that I have selected in "Withdrawal Instructions" please do the following: (If nothing is indicated, will default to Option A)

- A. I do not elect any secondary withdrawal instructions**
- B. Liquidate any Money Market Mutual Fund Position**  
Make payments by liquidating from my core money market mutual fund and if there are insufficient funds in my core money market mutual fund then make payments by liquidating from my other money market mutual funds liquidating from the lowest balance money market mutual fund first.
- C. Liquidate any Money Market and other Mutual Fund Positions\***  
Make payments by liquidating from my core money market mutual fund and if there are insufficient funds in my core money market mutual fund then make payments by liquidating from my other money market mutual funds liquidating from the lowest balance money market mutual fund first. If there are insufficient funds in my other money market mutual funds then make payments by liquidating my other mutual funds positions liquidating from the lowest balance mutual fund first.

\*Certain mutual funds may be closed to new investors. If one of these funds is subject to your distribution instructions, please be aware that your position could be fully liquidated, and this would prohibit you from future investments in the fund.



### 3 Payment Instructions

Choose **one** of the six settlement options listed:

**A. Send a check payable to me (us) to the mailing address on my (our) account**

**B. Credit the proceeds to my (our) checking/savings account through EFT/ACH system**

Requires customer(s) signature(s). If your account is not currently set up for EFT, please note that EFT will take up to 14 days to set up. If you would like to establish EFT, please complete this section below or attach a voided check. Once EFT is established, please allow 2-3 days for funds to reach your bank or credit union. The recipient bank must be a member of the Automated Clearing House or we cannot transfer your distribution.

Type of Account:  Checking  Savings

Bank Name

Bank Account Number

Bank Routing Number

Name on Bank Account

**C. Check to an alternate address**

Address

City  State  Zip/Postal Code

Province (if applicable)  Country

**D. Credit the proceeds to my (our) Brokerage Account listed on page 1\***

**E. Credit the proceeds to another Brokerage Account with your Broker/Dealer\*\***

**F. Credit proceeds directly to my (our) bank account (bank affiliated accounts only)\*\*\***

\* All transaction settlements including, but not limited to, stock and bond transaction settlements, in your brokerage account will be settled in the same manner as your Systematic Withdrawal Plan.

\*\* Proceeds that are credited to your Premiere Select IRA (which includes Premiere Select Traditional, Roth, Rollover, or SEP-IRA), will be processed as current year contributions.

\*\*\* Consult your Broker/Dealer to see if this is an option for you.

### 4 Signature

I (We) hereby authorize and request the withdrawals to be made on my (our) account as instructed above. I (We) agree that neither this fund, nor the broker/dealer with whom this account is established, nor National Financial Services LLC (clearing and executing agent), will be liable for any loss, liability, cost, or expense for acting upon such instructions. I understand that I will not receive an immediate transaction confirmation for each Mutual Fund withdrawal and that the details of each transaction will be provided on a periodic statement sent to me no less than quarterly. I represent that I have read and understand the prospectus for each fund in which I have instructed you to redeem on my behalf.

If my (our) account is being settled through the EFT/ACH system, I (we) hereby authorize and request National Financial Services LLC ("NFS") to make payment of amounts representing the proceeds of securities transaction(s) entered into me (us) or to secure payment for the cost(s) of said securities transaction(s) by initiating credit or debit entries to my (our) account indicated in the bank named above (Bank), and I (we) hereby authorize and request the Bank to accept any such credit or debit entries initiated by NFS to such account and to credit or debit, as requested, the same amount to such account, without responsibility for the correctness thereof or for the existence of any further authorization relating thereto. I (We) hereby ratify any telephone instructions given pursuant to this authorization and agree that NFS will not be liable for any loss, liability, cost or expense for acting upon this authorization.

It is understood that this authorization may be terminated by me (us) at any time prior to any scheduled transaction by written notification received by both NFS and the bank. Any such notification shall be effective only with respect to entries initiated after receipt of such notification and a reasonable time to act on it.

Signature  Date

Signature of Joint Owner (if applicable)  Date

Rep Name (Print)  Rep Number

Rep Phone Number